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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10919	
Facility Name:	O'Connor Hospital - San Jose	
Address:	2105 Forest Avenue	
City:	San Jose	
		_
Hospital Owner/Lic	censee: Daughters of Charity	
Year of Rep	porting: 2010	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	ddress::	
Name of Sub	bmitter: Kathy Roth	
Submission	n Date: 1/11/2011 4:19:40 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name Alternate Building Address		Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date	
01	1953 Building	2105 Forest Avenue	Retrofit	SPC2	01/01/2013	12/31/2012	
02	1953 Boiler House /	2105 Forest Avenue	Retrofit	SPC2	01/01/2013	12/31/2012	

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: 1953 Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ing Name: 1953 Boiler House / Laund	ry	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesaleal // Deliv	X Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01 B	Suilding Name: 195	53 Building		
Medical / Surgical (I	nclude GYN)	Acute Respirator	y Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name:	1953 Boiler House / Laund	ry	
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	re Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	1953 Building	
02	1953 Boiler House / Laundry	
03	1969 Addition	
04	Replacement Facility	
05	Replacement Boiler House	

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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	2005 Emergency Expansion (HS-013393-43) completed	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	19	953 Building]	
Type of Service Provided										
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		\neg	Anesthesia						
	IntensiveCare			Anosinosia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol			Clinical Lab				Outpatient		
	escent			Radiological/		Newborn/ WellBaby	Ш	Surgery		
	Psychiatric Nursing		\neg	Imaging Pharmaceutical		Emergency		Central Plant		
	Obstetrical			Filalillaceutical		Linergency		Central Flant		
	Ante/Postprtu	m [Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate Care		_							
	Jaie		X	Administration						
	Skilled Nursin	g								

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	19	53 Boiler House / La	aundry				
Type of Servic	e Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia				Danal Diaksia	
	IntensiveCare	÷				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Ado escent	, L		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric			Radiological/ Imaging		WellBaby			
	Nursing			Pharmaceutical		Emergency	X	Central Plant	
	Obstetrical Ante/Postprtu	ım [Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care			Administration					
	Skilled Nursin	ng							

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Building Number:	01	Building Na	me: 1953 Building				
Configuration:	Retrofit Non-Confo	rming buildi	ng to SPC 2 and NPC 3	3 and rem	nove from service by 2030		
Type of Service	ce Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Numbe	r: 02	Building Na	me: 1953 Boiler House	e / Launc	dry		
Configuration :	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	03	Building Na	me: 1969 Addition				
Configuration .	Remove from GAC	service by	1/1/2030				
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	itensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	itermediate		Dietetic				
	are killed Nursing	X	Administration	[X]	Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: Replacement F	acility			
Configuration :	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Servic	e Provided						
X N	lursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X Ir	ntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric lursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
1, 1	bstetrical nte/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	ntermediate	X	Dietetic	_	Lineigeney	_	Contain tan
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Numb	er: 05	Building Na	me: Replacement Bo	iler House	9		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	П	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	<u> </u>	Recovery	<u> </u>	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 03						
Тур	e of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		0				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi							
Туре	e of Service Prov	<u>rided</u>					
X	Nursing	Inpatient Beds	210	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	32	X	Anesthesia		
X	Pediatric/Adol escent	Inpatient Beds	27	X	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	65	X	Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services
X	Skilled Nursing	Inpatient Beds	24	X	Administration		
	Total Beds this Building		358				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 05					
Туре	e of Service Prov	<u>ided</u>				
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this Building		0			

Report Status: **Data Last Update:** 01/11/2011 **Submission Date:** 01/11/2011 **Print Date:** 1/12/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	03 Buile	ding Name: 1969	9 Addition			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service	_	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	4 Build	ing Name: Rep	placement Facility		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 210 Bed	Inpatient 34977 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 65 Bed	Inpatient 8629 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 24 Bed	Inpatient 6723 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 27 Bed	Inpatient 1710 Days	Inpatient 10 Bed	Inpatient 1678 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 14 Bed	Inpatient 4820 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 8 Bed	Inpatient 561 Days	Inpatient 0 Bed	Inpatient 0 Days	358	358

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	05 Bui	ding Name: Replaceme	ent Boiler House		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		patient 0	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		patient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		patient 0	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		patient 0	Inpatient 0 Days
Coronary Care		Chemical Dependency	В	otal Beds this uilding Per nit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0	0